## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

| Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077   |  |                          |
|--|--|--------------------------|
| 1. TITLE OF NEWSPAPER The Bonester Enterprise 2. DATE 9/20/11  |  |                          |
| 3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLIS   |  | NUAL SUBSCRIPTION        |
| WULKLU 52 PRICE \$ 24, 28, 29  |  |                          |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)  |  |                          |
| (Not printers) 401 Mallattast Bonestal Congury (v. 58, 57317 0170) 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE  |  |                          |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE   |  |                          |
| PUBLISHER (Not printers) 401 Mellette St. Bonesteel Cregory (0.5) 57317-0170   |  |                          |
| 6. FULL NAME OF PUBLISHER: Little Control of the Co |  |                          |
| jett G. Hellentein   |  |                          |
| 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the  |  |                          |
| names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name   |  |                          |
| and address, as well as that of each individual must be given.   | COMPLETE MAILING ADDRESS                     |                          |
| FULL NAME  |  |                          |
| DAVIEL Perlentein HolMullettest Bonesteel 50. 57317.000  |  |                          |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1  |  |                          |
| PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.  |  |                          |
| None   |  |                          |
| NEDY.  | AVERAGE NO. COPIES                           |                          |
| 9. EXTENT AND NATURE OF CIRCULATION  | EACH   | ACTUAL NO. COPIES ISSUED |
| 9. EXTENT AND NATURE OF CIRCULATION  | ISSUED PRECEDING 12<br>MONTHS                | NEAREST TO FILING DATE   |
| A.TOTAL NO. COPIES (Net Press Run)   | 475  | 475                      |
| B.PAID AND/OR REQUESTED CIRCULATION  |  |                          |
| Sales through dealers and carriers, street vendors and   | 75   | 79                       |
| counter sales.  2. Mail Subscription   |  |                          |
| (Paid and or requested)  | 354  | 355                      |
| C.TOTAL PAID AND/OR REQUESTED CIRCULATION  | 11 2 1                                       | 4211                     |
| (Sum of 9B1 and 9B2)   | 432  | 797                      |
| D.FREE DISTRIBUTION  | 13   | 13                       |
| 1. BY MAIL, CARRIER OR OTHER MEANS 2. SAMPLES, COMPLIMENTARY AND OTHER FREE  | / /  |                          |
| COPIES   |  |                          |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)  | 445  | 447                      |
| F. COPIES NOT DISTRIBUTED  |  |                          |
| 1. Office use, left over, unaccounted, spoiled after printing  | 30   | 23                       |
| 2. Return from News Agents   |  | <b></b>                  |
| G.TOTAL (Sum of E, F1 and F2 – Should equal net press run  | 475  | 475                      |
| Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public   |  |                          |
| I swear that the statements made by me are true, correct, and complete:  |  |                          |
| List Outelie   |  |                          |
| (Signature)  | (Title)                                      |                          |
|  | *  |                          |
| State of South Dakota )  | Sworn to before me this 2 day of Sept, 20_// |                          |
| § §  | Vania Phrage                                 |                          |
| County of Oregory )  | Notary Public                                |                          |
| (Seal)   | My commission expires: 4 www 2, 2017         |                          |